

**Program Evaluation Plan**  
Department of Criminal Justice Services  
805 East Broad Street      Richmond, VA 23219  
(804) 786-4000

**Subgrantee:** \_\_\_\_\_

**Project Title:** \_\_\_\_\_

**Program Administrator:** \_\_\_\_\_

**Grant Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Project Director:** \_\_\_\_\_

Program Objectives	Supportive Data	Describe Measurement/Analysis Techniques